

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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15						
16	1					
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28						
29						
30	1					
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37						
38	1					
39						
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41						
42						
43						
44						
45	1					
46						
47						
48	1					
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
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99						
100						
TOTAL IND.	12					
TOTAL DEP.	40					
TOTAL CLAIMS	52					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS